

TRANSMITTAL FORM

Attorney Docket No.
STL920000066US1
1804P

JUN 21 2004

In re the application **WOLFSON**
Serial No: 09/731,088

Confirmation No. 9367

Group Art Unit: 2175

Filed: December 5, 2000

Examiner: Rimell, Samuel G.

For: Integration of Messaging Functions and Database Operations

RECEIVED

JUN 23 2004

Technology Center 2100

ENCLOSURES (check all that apply)					
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input checked="" type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month from May 18, 2004 to June 17, 2004.			
	<input type="checkbox"/> Executed Declaration by Inventor(s)				

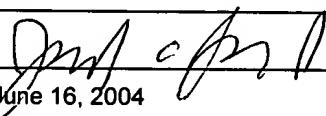
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	18	20	0	\$18.00	\$ 0.00
Independent Claims	3	3	0	\$86.00	\$ 0.00
					Total Fees \$ 0.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>7286</u> in the amount of \$ <u>110.00</u> is enclosed for payment of the one month extension fee.
<input checked="" type="checkbox"/>	Charge \$ <u>770.00</u> to Deposit Account No. <u>09-0460</u> (IBM Corporation) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Reg. No. 30,801
Signature	
Date	June 16, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: June 16, 2004

Type or printed name	Saundra D. Hunter
Signature	